

INDIVIDUAL REGISTRATION FORM

First Name: _____ **Last Name:** _____

Phone Number w/ Area Code: _____

Address: _____

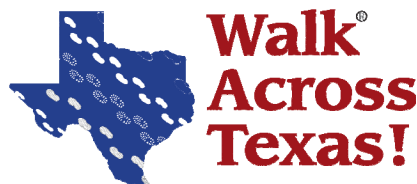
City: _____ **State:** _____ **Zip Code:** _____

County: _____ **E-mail Address:** _____

Gender: Male Female **Age:** _____ (No ranges permitted)

Ethnic Background (select one):

- Anglo
- African American
- Asian
- Hispanic
- Native American
- Other, please specify _____



I wish to participate voluntarily in the Walk Across Texas! physical activity for the purpose of personal fitness. I understand that I should have medical approval from my health care professional if I:

- *have any chronic health problems such as heart disease or diabetes
- * have pains in my heart and/or chest area \$ feel dizzy or have spells of severe dizziness
- *have a bone or joint condition, like arthritis, that might be made worse by an exercise program

- * have been told by a doctor that I have high blood pressure
- * have any physical conditions or problems that might require special attention in an exercise program
- * am a male over 45 or a female over 50 and not accustomed to vigorous exercise

I agree to accept full responsibility for any injuries I may sustain while participating in this program.

Signature _____ **Date** _____

Currently are you physically active at least 30 minutes per day, 5 days per week? If no, skip remaining questions. Yes No

If yes, how many minutes per day are you active? _____

Which of the following activities do you do now?

(Check all that apply.)

- Walk
- Run
- Ride Bike
- Swim
- Other, please describe _____

Where do you do these activities?

(Check all that apply.)

- Parks
- Local Gyms or Fitness Centers
- Home Fitness Center
- Local Mall
- School Track
- Neighborhood
- Other, please describe _____

Updated January 2010